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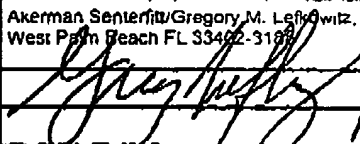
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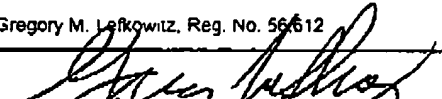
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/689 221	
	Filing Date	October 20, 2003	
	First Named Inventor	Georg BERGER	
	Art Unit	1618	
	Examiner Name	ARNOLD, Emma V.	
Total Number of Pages in This Submission	19	Attorney Docket Number	5875.025

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Partial Translation of Berger reference
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Akerman Senterfitt/Gregory M. Lefkowitz, Reg. No. 56,612 West Palm Beach FL 33402-3188
Signature	
Date	12/7/2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Gregory M. Lefkowitz, Reg. No. 56,612
Signature	
Date	December 7, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 align="center">FEE TRANSMITTAL</h2> <h3 align="center">For FY 2005</h3>		Complete if Known Application Number 10/589,221 Filing Date October 20, 2003 First Named Inventor Georg BERGER Examiner Name ARNOLD, Ernst V. Art Unit 1818 Attorney Docket No. 3975.025	
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0951 Deposit Account Name: Akerman Senterfitt

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
 Fee (\$) _____ Fee Paid (\$) _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Order: Charge for two (2) Terminal Disclaimers @ \$65.00 ea. \$ 130.00

SUBMITTED BY		Registration No. 58,612	Telephone (561) 653-5000
Signature		(Attorney/Agent)	
Name (Print/Type)	Gregory M. Lefkowitz	Date	

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